

# **PRACTICE IMPROVEMENT STEERING COMMITTEE**

## **4/12/2012 Minutes**

### ***Participants: in person***

1. Amy Miller (MDCH)
2. Colleen Jasper (MDCH)
3. Crystal Palmer (Detroit-Wayne)
4. Elaine Thomas (Detroit-Wayne)
5. Jim Wargel (Macomb)
6. Karen Amon (Access Alliance)
7. Karen Cashen (MDCH)
8. Karl Kovacs (Northern Lakes)
9. Kathy Haines (MDCH)
10. Luann Gray (Kalamazoo)
11. Mark Ragg (Eastern Michigan University)
12. Marlene Wolber (Access Alliance)
13. Mary Ludtke (MDCH)
14. Rosa Thomas (Macomb)
15. Jennifer Stentoumis (MDCH)
16. Steve Wiland (MDCH)

### ***Participants: via phone &/or webinar***

17. Darren Lubbers (Lakeshore)
18. Josh Snyder (Northwest)
19. Laura Vredeveltdt (The Standards Group)
20. Liz Knisely (MDCH)
21. Lucy Olson (Northcare)
22. Mary Marlatt Dumas (Northern)
23. Mary Ruffolo (University of Michigan)
24. Phil Cave (Genesee)
25. Sean Bennett (Consumer Advocate)
26. Barb Glassheim (Saginaw)
27. Lynda Zeller (MDCH)
28. Shannon Clevenger
29. Patty Wagenhofer-Rucker (Genesee)
30. Steve Sheldon (Southeast)

### **I. Welcome and introductions—Steve Wiland, MDCH**

### **II. Review/approval of 1/12/12 minutes; identify recorder**

- Minutes approved
- Recorder is Amy Miller

### **III. Review, adjust and adopt agenda**

- Added the recent letter received regarding the monetary incentive awards
- Agenda adopted

### **IV. Behavioral Health and Developmental Disabilities Administration Updates—**

#### **Liz Knisely, MDCH**

- Dual Eligibles: 8 regional forums and 2 public forums and the department for feedback regarding the process. People were asking questions that the team just didn't know at this time

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- 2014-healthcare expansion—ideas are out there to better align the PIHP/CMH system with the Medicaid Providers
- Contract negotiations have started and are going quite well. 2 boilerplate committees are moving forward (490 and 494)—their work is really important to the contract preparation.
- Not anticipating GF cuts!
- Looking at an increase in Medicaid case rate. Currently looking at how the system is structured and how data is gathered—all in preparation for changes to our system, trying to get out in front of the changes.
- A Policy Academy in DC will be attended this month by a committee—this will result in potential changes in policy regarding recovery. (?)
- DCH is looking at future services provided to veterans
- Question asked regarding anti-psychotic medication. Liz indicated that DCH's medical director and DHS' doctor are looking at the issue of medication throughout the system with special focus on children.
- Lynda suggested paying attention to the quarterly meeting that Dr. Dillon will be organizing with the Medical Directors for all PIHPs
- Looking at the possibility of developing a data analytics system between behavioral health and primary health care systems—no particular vendor has been identified to date.
- Dr. Dillon is also working on the MQUIP project through a Flinn Foundation grant
- Question regarding the mental health courts potential continuation—the money that the governor is setting aside is most likely DOC directed—treatment dollars are often simply regular mental health funds. Will need to keep watching the legislature to follow the decisions on the funding.
- Questions on Monetary Incentive Awards:
  - The data used by the department is not a very accurate rate of measure—focusing on the sub abuse incentive
  - Liz clarified that the incentives were designed as a first step toward becoming a performance/outcome-focused system.
  - Committee was designed to determine the method of measurement—workgroup decided not to have exceptions to the data
  - Kathy Haines explained her data capture method

### **Karen Cashen, MDCH: Mental Health Block Grant RFA**

- The process looks very different this year—again, focusing on planning toward outcomes.
- University of Michigan's Curtis Center has been consulting on the development of the new RFA

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- The RFA was released last week and the focus area is healthcare integration
- There are 6 domains that can be addressed
- There is no format for the budget narrative
- The letter of intent can be very brief and to the point
- Show the Drop In Centers under the “contract line” on the budget
- Up to \$130,000 for each PIHP with additional \$5,000 for each qualified (DCH-approved) Drop-In Center
- Monday, May 21<sup>st</sup> a pre-conference session (prior to the Spring MACMHB Conference) will be held with folks from DCH and the Curtis Center for technical assistance on the logic models and work plans. If people cannot attend, participation can be available by conference call and/or webinar
- Final proposals are due on June 8<sup>th</sup>

### **V. Focus on Innovation / Advancement – Webinar-assisted update for the MDCH-sponsored <http://improvingMIpractices.org> website being developed to assist in the online delivery of ebp-related reference information, consultation/technical assistance, and training.**

- Currently responsible for managing the information is the Service Innovation Team at DCH.
- There are 1035 users registered on the site to date
- Registered users can access a Behavioral Health Wikipedia and other resources. The general public can only access the basic information offered on the home page.
- There will be courses developed and available only to individuals who are “qualified/credentialed” for the level of training
- There are other courses that will be open to everyone in the behavioral health system.
- This is a secure site that is accessed only by people in Michigan’s public sector behavioral health system
- Sharing of ideas on how the use of this technology to prepare for services, training, technical assistance, on-going coaching etc...
- Could this link into the work that the 490 committee is doing on reciprocity of training? Recipient Rights, etc...

### **VI. Updates on Spring MACMHB Conference:** none that are not already available on the website.

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### **VII. Discussion/Updates on Evidence-Based Practice Development & Implementation Updates (as indicated) from existing PISC Subcommittees / workgroups**

#### **FPE: Alyson Rush via written update:**

- FPE Committee remains very committed and active in crafting Learning Collaboratives that meet the current needs of FPE providers. March 1- Using Motivational Interviewing to Enhance your FPE implementation and sustainability, How to best serve Co-occurring population with FPE multi-family groups.
- Next Statewide Training dates for new FPE Facilitators, Advanced Facilitators and Trainer/Supervisors are April 26 and 27 in Grand Rapids. The training has been shortened with the expectation that participants will complete the required pre-training lessons. Technical Assistance visits that include observation, fidelity review, consultation and recommendations are beginning. 7 regions are being offered this opportunity in FY 12.
- While the FPE Steering Committee understands the complexity of many MA contract attachments, it remains concerned over the lack specificity related to FPE in Medicaid, within the Medicaid contract or the Medicaid Manual. Although long-term results are explicitly positive, FPE is perceived as an ‘expensive’ service, and anecdotal feedback from the statewide coordinator notes that regions and agencies are less interested in providing a service not specified in the MA contract.

#### **Common Elements Project:**

- Mary Ruffolo described a web-based training design for providers on the common elements that are necessary competencies across EBPs and care provision in general—there will be 7 modules:
  1. Relationship Building and Stages of Change
  2. Cognitive Behavioral Essentials
  3. Behavioral Methods
  4. Acceptance Based Strategies
  5. Motivational Enhancement Skills
  6. Problem Solving
  7. Social Skills and Support Building
- This will be linked to training for supervisors as well

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### **ACT: Alyson Rush via written update**

- Continued work on the improvingpractices.org site with registering ACT participants. ACT RN forum is open, a Metaphors in Therapy forum,
- Physician's forum is ready for enrollees.
- Training to meet MA requirements continued with CBT for ACT Workers, CBT for ACT Supervisors, ACT 101, Medications for Co-Occurring Disorders in ACT Consumers, cognitive impairment and brain dysfunction in Schizophrenia (Hope of Recovery: Recovery of Hope).
- The revised draft of ACT Medicaid language is still in the early approval process.

### **Measurement Work Group: Kathy Haines**

- Looking at diagnosis being on the demographics information for QI data—right now the information is only captured on encounter data
- Health Service Advisory Group just completed a survey on physical health care and integrated care. The work group is helping Kathy Haines to capture data

### **Dual Diagnosis/ MI-DD: Kathy Haines for Nora Barkey**

- Agencies were surveyed months ago regarding the procedures in place to screen consumers for both MI and DD—many agencies do not have these processes in place. Many asked for tools.
- Group came up with 20 tools to concentrate on using. There is a spreadsheet on each of the tools, how they were researched and how they can be used.

### **Older Adults: Alyson Rush via written update**

- The Michigan Dementia Intervention Support Project, funded with 3 year grant funding through the Civil Monetary Penalty fund uses a train the trainer approach in 20 Michigan nursing homes to decrease or eliminate distressed behaviors that often lead to discharge, hospital admission and potential no return/readmission experiences for nursing home residents. The project teaches nursing home staff about the disease process of dementia and brain dysfunction, and how to look at the person, environment, task and caregiver interactions to evaluate, modify and relieve behaviors that are distressing to the resident, other residents, and the staff thus decreasing or eliminating the need for psychiatric hospitalizations.
- The Michigan Geriatric Education Center at MSU and the Michigan Center for Rural Health is collaborating with MDCH through Geriatric Grand Rounds to reach primary care physicians and other medical staff through a series of workshops that address education related to the mental health needs of older adults. The trainees participate from approximately 46 tele sites and include primary care physicians, PAs, NPs, social workers, psychologists, dental professionals, nutritionists and other

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practitioners who care for older adults in a variety of settings. Grand Round sessions focusing on mental health for FY 12 include Depression in Older Adults and CBT and Psychosis in Late Life.

- Other regional mental health worker training occurred in collaboration with EMU, Lansing Community College and MDCH to provide CMHSP New Worker Orientation. LCC and EMU provide regional training sessions addressing the needs of older adults, caregivers related to mental illness and dementias.

### **Co-Occurring Change Agent Leaders: Steve Wiland**

- Looking at billing codes between sub abuse and mental health to streamline. This is a very active group and their
- Workforce Development Workgroup: also serving as the annual COD Conference Planning Committee. The *Cross-Cutting and Innovative Practices Conference* is the title and will be occurring on June 18-19<sup>th</sup>.
- Outcomes Workgroup: HH and TG modifiers were put in place to measure co-occurring use—data is in question and this group is working on a technical advisory for the field. Attached is the 9<sup>th</sup> iteration of the HH.TG Modifier Tech Advisory draft. The group reviewed and a suggestion was made to consider the dealings with the consumer who is pre-contemplative and staff may be using techniques to assist them in moving to contemplation. This will be added.
- This team would strongly advocate for the diagnostic information to be more easily accessible.

### **Supported Employment: Amy Miller**

- MDCH was awarded Employment Development Initiative funds from NASMHPD to assist local supported employment programs to implement and sustain IPS (individual placement and supports), which is the evidence-based practice for employment services for adults with mental illness.
- Many programs across the state have implemented this practice, however many struggle to bring their services to a level of fidelity that could increase their employment outcomes for people served.
- 5 PIHPs were selected with which DCH will focus technical assistance, training and data collection methodologies. It is expected that this focus will increase employment outcomes.
- One SE 101 webinar has taken place via MARO. It is anticipated that the recording of this session will eventually be able to be accessed via [www.improvingMIpractices.org](http://www.improvingMIpractices.org)
- Supervisors training for leaders of IPS/EBSE programs is being held April 24-25.
- There is an increased focus on ensuring the consistency of employment language in the PIHP/CMH contracts and the Medicaid Provider Manual.

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### **Trauma Subcommittee: Colleen Jasper**

- Newly formed—first meeting brainstormed the areas that were the most important issues to address
- Priorities were
  1. General Education regarding the effects of trauma and
  2. Self Assessment of CMHs and PIHPs
- This committee has members from all population services and consumers of service.
- Looking at trainings in neurobiology for MDs, med directors etc...
- There is excitement around the self-assessment as a method to help those systems who are already focused on this area to further develop their focus. Secondly, for the systems that have not implemented, it can be a road map to begin to take steps.

### **PMTO: LuAnn Gray**

- Suggesting and state-provided training so it will be consistently provided—different than regional delivery.
- This is a different delivery method so people don't have to attend the 14 day training. So it is increasing the sustainability!
- Group training is occurring all over the state
- Looking at another facilitator training coming up in July or August or January
- Talking to WMU about the delivery of the EBP in the school!
- Norway wonders if MI would host the conference in 2013!
- Annual Conference will be in September
- Data—they are working with EMU
- 3 new coaches and 1 new fidelity watcher!
- Energy and interest is high and families are benefitting

### **Trauma-Focused CBT: Mary Ludtke**

- Launched cohort 8 in March, increasing the #s of people trained
- Cohort 9 will be launched in May and June—no notice will go out since there have been so many requests for the northern CMHs—1 in Marquette and 1 in Grayling!
- Training with assessment and screening tools as kids and families come into the system
- Increasing the resource parent #s
- Dr. Sloan is doing webinars on psychotropic meds for kids in trauma and more
- Increasing web-based training and coaching is done by conference calls

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### **VII. Added topics:**

- **DBT sub-committee:** will this be developed as an additional subcommittee from this group? Or, does it make sense to have a regular report? DBT benchmarking group could use some oversight as it starts and stops—could this group do that? Workforce development, overlap of population applications—how broadly does the scope of work of this sub-committee become
- **Recovery Support Services:** Does this become the broader scope of most practices? —being informed in this area could be important to all sub-committees.

### **VIII. Recap of Recommendations and Decisions made at this meeting— Wiland**

### **IX. Agenda topics for next meeting**

- **Revisiting the formation of 2 additional subcommittees**
  - **DBT Sub-Committee**
  - **Recovery Support Services**

### **X. Adjourn: 12:10pm**

*Next PISC meeting: July 12, 2012; 9:00 am – Noon*  
*Michigan Association of CMH Boards Building,*  
*426 South Walnut Street, Lansing, 48933*  
*Teleconference Call-in: (877) 336-1829*  
*Access Code: 8881705*